


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90233 041 \*\*\*150.00

<b>DOCUMENT # P32775</b> 1. Entity Name HEALTHCARE ADMINISTRATIVE SYSTEMS INC.	
--	---

Principal Place of Business 9100 KEYSTONE CROSSING SUITE 440 INDIANAPOLIS, IN 46240 US	Mailing Address 9100 KEYSTONE CROSSING SUITE 440 INDIANAPOLIS, IN 46240 US
---	---

**60001960**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1180891	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GRIFFIN, CHRISTOPHER L. ONE TAMPA CITY CENTER, #2100 201 NORTH FRANKLIN STREET TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CLARK, PAUL R. 3815 RIVER CROSSING PKWY #200 INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9100 KEYSTONE CROSSING, SUITE 440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CLARK, PAUL R. 3815 RIVER CROSSING PKWY #200 INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9100 KEYSTONE CROSSING, SUITE 440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLARK, PAUL R. 3815 RIVER CROSSING PKWY #200 INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9100 KEYSTONE CROSSING, SUITE 440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empower.

SIGNATURE: Paul R. Clark President 1/17/06 (317) 574-3770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #